

Candidate Intention Statement

Date Stamp	<b>CALIFORNIA FORM 501</b>

Check One:  Initial  Amendment (Explain) \_\_\_\_\_

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial) SLACK, Robert Steven DAYTIME TELEPHONE NUMBER (408) 931-2626 FAX NUMBER (optional) ( ) E-MAIL (optional) rs-stevens-slack@hotmail.com

STREET ADDRESS City Council Gross Valley CITY [REDACTED] STATE Browns Valley CA ZIP CODE 95918

OFFICE SOUGHT (POSITION TITLE) City Council Gross Valley AGENCY NAME City Council Gross Valley DISTRICT NUMBER, if applicable \_\_\_\_\_  NON-PARTISAN PARTY: \_\_\_\_\_

OFFICE JURISDICTION  State (Complete Part 2.)  City  County  Multi-County: \_\_\_\_\_ (Name of Multi-County Jurisdiction) \_\_\_\_\_ (Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

2018 Primary/general election (Year of Election) \_\_\_\_\_ Special/runoff election (Year of Election)

(Check one box)

I accept the voluntary expenditure ceiling for the election stated above.

I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

I did not exceed the expenditure ceiling in the primary or special election held on: \_\_\_/\_\_\_/\_\_\_ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

On \_\_\_/\_\_\_/\_\_\_, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 8/10/18 (month, day, year) Signature [REDACTED]